STATEMENT OF ORGANIZATION ITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Political Action Committee Party Committee This is a (check one) Amended Statement Initial Statement This is an (check one) (PLEASE TYPE OR PRINT) COMMITTEE Name MAINSTREAM POLITICAL ACTION COMMITTEE Business Telephone Mailing Address (Street, City, State, Zip Code) PO BOX 6073; LEAWOOD, KS 66206-0073 (913 649-3326 CHAIRPERSON Home Telephone Name) 341-5266 JIM BORTHWICK (913 Business Telephone Mailing Address (Street, City, State, Zip Code)) 983-8113 8200 MAPLE; PRAIRIE VILLAGE, KS 66208 (816 TREASURER Home Telephone Name 913 631-7153 SALLY LEVITT Business Telephone Mailing Address (Street, City, State, Zip Code) 631-7153 19707 W 63RD TÉRR.; SHÁWNEÉ, KS 66218 (913 AFFILIATED OR CONNECTED ORGANIZATIONS Name MAINSTREAM COALITION Mailing Address (Street, City, State, Zip Code) 5350 W 94TH TERR., STE 103; PRAIRIE VILLAGE, KS 66207 If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

1-12-05 (Date)

(Signature of Chairperson)

Governmental Ethics Commission

Rev.2000